

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) Mr. Randy Pack Mailing Address 817 Wilkie Rd City Mooreland State OK Zip Code 73852-8941 FEC ID number of contributing federal political committee. C Name of Employer A and P Canopy Occupation Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 7 Transaction ID: IE071022.0010140 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Mrs. Marisela Skidmore Mailing Address 27068 La Paz Rd # 500 City Aliso Viejo State CA Zip Code 92656-3041 FEC ID number of contributing federal political committee. C Name of Employer Amerilegal Group Inc. Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 7 Transaction ID: IE071022.0010141 Amount of Each Receipt this Period 150.00
C. Full Name (Last, First, Middle Initial) Mrs. Patricia A. Bilton Mailing Address 40 Gibbs Rd City Norwalk State OH Zip Code 44857-9105 FEC ID number of contributing federal political committee. C Name of Employer Bariar Field of Milan Nursing Occupation Doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 7 Transaction ID: IE071022.0010142 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)